

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa State Index No. 164
District of Phoenix County Registrar No. 1041
Town of Phoenix Local Registrar No. 63
City of Phoenix No. Box 1293 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Ortega If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Dec 13 1924
Month day year

7. No., in order of birth _____

8. FATHER Full name Vicente Ortega 9. Residence Tucson Arizona
(Usual place of abode) If nonresident, give place and state _____

10. Color or race Mexican 11. Age at last birthday 44 (Years) 12. Birthplace (city or place) Tucson Arizona
(State or country) 13. Occupation Farmer
Nature of industry _____

14. MOTHER Full maiden name Petera Enriquez 15. Residence Tucson Arizona
(Usual place of abode) If nonresident, give place and state _____

16. Color or race Mexican 17. Age at last birthday 34 (Years) 18. Birthplace (city or place) Tucson Arizona
(State or country) 19. Occupation House wife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 6:22 m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____

Signature Charles B. Huels (Physician or midwife)
Address Phoenix Arizona
Filed Dec 31 1924 County Registrar.
Filed 1-12-25 County Registrar.

Registrar. _____

561-1213-759